

***NORTHFIELD BOARD OF HEALTH  
69 MAIN STREET  
NORTHFIELD, MA. 01360  
(413) 498-2901 Phone FAX: (413) 498-5103***

**TEMPORARY FOOD SERVICE APPLICATION**

Name of Business: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Telephone: \_\_\_\_\_

Date(s) of the event: \_\_\_\_\_

LOCATION OF MOBILE FOOD SERVICE: \_\_\_\_\_

Have you submitted your application for a Common Victualer's License from the Select Board Office?            Yes: \_\_\_\_ No: \_\_\_\_

Base of Operation (if food is to be prepared off-site from temporary site):  
\_\_\_\_\_

Type of food(s) being served:

_____	_____
_____	_____
_____	_____
_____	_____

How will refrigerated items be kept cold while at the site? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How are hot items to be heated and maintained? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Where will the hot water for hand/pot washing be supplied from? \_\_\_\_\_

\_\_\_\_\_

Is operator Servsafe Certified? Y\_\_\_\_\_N\_\_\_\_\_ \*Attach Copy of Certificate.

Has a "Person in Charge" been named? Y\_\_\_\_\_ N\_\_\_\_\_

If so, please print name of "Person in Charge": \_\_\_\_\_

Contact phone number of person in charge: \_\_\_\_\_

Type of Food Service Unit: (Check all that apply)

Mobile Trailer \_\_\_\_\_ Permanent Building \_\_\_\_\_ Pushcart

Other: \_\_\_\_\_ (please specify)

## **FOOD STORAGE**

Is adequate freezer and refrigeration (mechanical/ice) available to maintain frozen foods at a frozen state, and refrigerated foods at 41° degrees F and below?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Will each refrigerator or freezer be supplied with a thermometer?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Number of refrigeration units: \_\_\_\_\_

Number of freezer units: \_\_\_\_\_

**Note: Packaged foods shall not be stored in contact with water or undrained ice. Wrapped sandwiches shall not be stored in direct contact with ice.**

**Protective covers must be provided for unwrapped foods on display.**

**Signature of Vendor:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

Please sign and return with the \$25.00 fee (check made payable to Town of Northfield) to:

Northfield Board of Health  
69 Main Street  
Northfield, MA 01360

Thank you. If you have any questions, please call David Zarozinski at 413-549-3710.